

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013443

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3356

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS (If outside, give location)
3863 Delmar

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First **Herbert**

Middle

Last **Jones**

4. DATE
OF
DEATH

Month

Day

Year

3

20

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married: ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-22-1911 **48 yrs.**

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dave Jones

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Claudy M. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Claudie Mae Jones-3863 Delmar

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia ; Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Disruption of Gastroduodenostomy

Peritonitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Wound Infection

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Splenic & Portal vein Thrombosis; Gastric polyp

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3-7-63** to **3-20-63** and last saw him alive on **3-20-63**
Death occurred at **5:55 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

3-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-25-1963

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis (County) Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home-2820 Stoddard St.

25. DATE RECD. BY LOCAL REG.

MAR 22 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

18a. Bronchopneumonia; peritonitis

18b. Disruption of Gastroduodenostomy Peritonitis

18c. Wound infection

18d. Pulmonary emboli; splenic & portal thrombosis

BY AFFIDAVIT of attending physician

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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Missouri
St. Louis
3803 Delmar

St. Louis
Homer G. Phillips

James
3 20 03

Herbert

Male
Negro

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 498

P. O. Address St. Louis, Mo.

3-30-03

XX

3-30-03

3-7-03

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

3-30-03